

Chemotherapy. **METHODS:** An analysis of the IMS Health ONCO Combined, LMPH, EHPP, GERS databases allowed identifying the anti-emetic schemes used in this indication in 2002, to draw up the market trend in ambulatory care and in hospital, and to determine the cost of corresponding consumption. A budget impact model was built over 4 years with several scenarios. The results are reported for 10,000 HEC cycles with a reduction in the use of the cisplatin of 5% per year, a 10%, 15%, 20%, 25% penetration rate of aprepitant, and a substitution rate in the delayed phase increasing from 30% to 90% over the period. **RESULTS:** The market share of 5-HT₃ receptor antagonists was equal to 76% of the HEC market in 2002. In ambulatory care, the average cost of setrons in acute phase d1 and both in acute and delayed phases amounts respectively €26.90 and €111.25 per chemotherapy cycle. In hospital the corresponding figures are €33.02 and €147.50. The antiemetic treatment cost without aprepitant rises to €774,000 the first year and to €664,000 the fourth year. The net budget impact due to the introduction of aprepitant is €46,000 the first year and €41,000 the fourth year, i.e. less than 6% each year. In ambulatory care, this differential is €23,000 the first year and becomes nearly null cost over the four years. **CONCLUSION:** The overcost generated by the use of aprepitant is small for the French sickness funds compared to the overall antiemetic treatment cost.

PCN4

COST OF CARE AND ECONOMIC IMPACT OF CETUXIMAB IN THE TREATMENT OF METASTATIC COLORECTAL CANCER IN SPAIN

Rubio M¹, Badia X¹, Mercadé J²

¹Health Outcomes Research Europe, Barcelona, Spain; ²Merck Farma y Química, Mollet del Vallés, Barcelona, Spain

OBJECTIVES: The aim of this study was to estimate costs of care associated with metastatic colorectal cancer (MCCR) in current clinical practice and the potential impact on the Spanish health care budget of cetuximab prescription to patients with MCCR. **METHODS:** In order to describe treatment patterns and to analyse costs of MCCR, a cost of care treatment model was constructed. The economic impact of cetuximab was estimated by means of a treatment model for third-line use of the cetuximab combination after second-line irinotecan failure. Treatment patterns were obtained from questionnaires filled out by 14 Spanish hospitals and from an advisory board of 5 clinical experts. Treatment algorithms were constructed by using Tree Age Data Pro software. In order to estimate the unit costs, Diagnostic Related Groups were used for inpatient services, while outpatient services were calculated on daily based rates. Unit costs were obtained from national databases (€2004). The treatment costs were calculated from the perspective of the Spanish National Health System. The incidence of MCCR was obtained from literature review. **RESULTS:** For a population of 10,350 patients with MCCR in Spain, the total cost (pharmacological and medical costs) was estimated in €151 million. In that scenario, the cost of care of patients at third-line therapy that had failed to irinotecan therapy amounted €1.5 million. With the introduction of cetuximab after second-line irinotecan failure, a maximum of 193 patients were estimated to be eligible for the new drug. In this scenario, the total cost of the third-line therapy would come to €4.7 million. **CONCLUSIONS:** Cetuximab in combination with irinotecan is the only third-line therapy indicated in MCCR after irinotecan failure. If the eligible patients in third-line therapy received cetuximab and irinotecan instead of current clinical practice, the economic impact of substitution would amount €3.2 million.

PCN5

THE COST OF SECOND-LINE TREATMENT OF OVARIAN CANCER IN POLISH SETTINGS

Macioch T¹, Niewada M², Golicki D¹, Kamiński B³, Jakubczyk MK⁴

¹Medical University of Warsaw, Warsaw, Woj. Mazowieckie, Poland;

²Medical University of Warsaw, Warsaw, Poland; ³Warsaw School of Economics, Warszawa, mazowieckie, Poland; ⁴Warsaw School of Economics, Warsaw, Poland

OBJECTIVES: To evaluate direct treatment cost associated with pegylated liposomal doxorubicin hydrochloride (PLD) and topotecan used as second line therapies for ovarian cancer in Poland. **METHODS:** The literature review showed topotecan and PLD have similar efficacy in platinum-refractory or platinum resistant advanced ovarian cancer but different adverse events profile. The cost-minimization analysis was performed from the payer's perspective. Only direct medical costs (i.e. drug acquisition costs, drug administration costs and managing adverse events costs) were included. Based on epidemiological data budgetary impact of PLD treatment in Poland was estimated. **RESULTS:** The acquisition and drug administration costs were estimated at €12,448 and €6935 for PLD and topotecan, while cost of managing adverse events at €134 and €1234 for PLD and topotecan, respectively. The total cost per patient summed up to €12,882 for PLD and €8169 for topotecan. 38% reduction in acquisition cost of PLD would balance topotecan associated costs. Epidemiological data indicated 985 platinum-resistant or platinum-refractory ovarian cancer patients in Poland were eligible annually for treatment with PLD, thus additional cost could be estimated at €4.64 million. **CONCLUSIONS:** PLD represents attractive treatment strategy in second line therapy of platinum-resistant or platinum-refractory ovarian cancer, although acquisition cost reduction is necessary were compared to topotecan in Polish settings.

PCN6

POPULATION-BASED BUDGET IMPACT MODEL OF APREPITANT (EMEND) IN MODERATELY EMETOGENIC CHEMOTHERAPY (MEC)

Francesconi C¹, Le Lay K¹, Souchet T², Briand Y², Launois R¹

¹REES France, Paris, France; ²Merck Sharp & Dohme—Chibret, Paris, France

The clinical study phase III 071 has showed the new antiemetic Aprepitant in association with a standard therapy (corticosteroid plus a 5-HT₃ receptor antagonist) increases significantly the complete response (no vomiting and no rescue treatment) by more than 10 points compared to the standard therapy used in MEC. **OBJECTIVES:** To evaluate the budget impact implied by the introduction of this new antiemetic on the French sickness funds. **METHODS:** The MEC were defined according to the recommendations of the Multinational Association of Supportive Care in Cancer (2004). A sample of patients was extracted from the ONCO IMS 2004 database. The inclusion criteria used were: to receive a MEC in association with an antiemetic one containing a corticosteroid and a 5-HT₃ receptor antagonist and to have this treatment during the acute and delayed periods. Prices of the antiemetic treatments were taken from the GERS 2004 database. A budget impact model was implemented over a period of four years, based on a stable population and on different penetration and substitution rates of Aprepitant. **RESULTS:** The results are reported for 10,000 MEC cycles associated to the standard therapy. The penetration and substitution rates of Aprepitant increase over the period from 10% to 25% and from 70% to 95%, respectively. In 2004, the treatment cost is €466,000. The introduction of Aprepitant increases the cost of the acute phase but decreases it in the delayed one. In the ambu-